



Liability Incident Report Form *(for reporting non-vehicular related claims)*

• **Claimant's Contact Information:**

Today's Date: ____/____/____

Name of Claimant: _____

Mailing Address: _____

Phone: _____ Email: _____

If a Minor, Parent's Name and Age of Claimant: _____

Name of Medical Insurance Company _____

• **Incident Information:**

Date Incident Occurred: ____/____/____

Location of Incident: _____

Approximate Time Incident Occurred: _____[†] a.m.[†] p.m.

Description of Incident: ☐ Injury ☐ Property Damage (Loss or Damage to Personal Property)

Description of Incident *(attach any supporting documents and/or available photos further supporting claim)*:

List any witnesses:

Name	Address	Phone
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† **INJURY OR ILLNESS**

† **Slip & Fall**

<u>Location on Property</u>	<u>Lighting Conditions</u>	<u>Surface Type</u>	<u>Type of Footwear</u>
† Entry Way	† Light † Dark	† Carpet	† Flat Heels
† Stairs (going up)		† Wood	† Open Sandals
† Stairs (going down)		† Linoleum	† High Heels
† Parking Lot	<u>Weather conditions</u>	† Marble/Ceramic	Heel Height _____
† Other (describe) _____	† Wet † Dry	† Concrete	† Rubber Heels
		† Blacktop	† Leather Heels
		† Other (describe) _____	† Rubber Soles

† **Other Incidents** (be specific)

† Assault † Arrest † Eviction † Death † Other (describe)

INJURY - Nature of Injury (be specific)

First Aid – Actions Taken

Was first aid given? † Yes † No Describe _____

Ambulance called? † Yes † No Ambulance Company _____

Hospital/Clinic Name and Location _____

Injured Party's Physician Name & Contact Info.: _____

† **PROPERTY DAMAGE** (Loss or Damage to Personal Property)

Describe: _____

For additional information, contact: _____

Phone No. and email address: _____

Report prepared by: _____

Date prepared: ____/____/____